

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-035439

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 207 Primary Registration District No. 3043 Registrar's No. 325

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Registration District No. 207 Primary Registration District No. 3043 Registrar's No. 325  
**FILED SEP 26 1962**

## 1. PLACE OF DEATH

a. COUNTY Marionb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Hannibal

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Elizabeth Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Marionc. CITY OR TOWN Palmyra

Inside Limits

Yes ☐ No ☐d. STREET ADDRESS (If outside, give location) R #1

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Russell Middle C. Last Anderson4. DATE OF DEATH Month Sept. Day 7 Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Jun 5, 1921

## 9. AGE (last birthday)

41

## IF UNDER 1 YEAR

Months    Days   

## IF UNDER 24 HR

Hours    Min.   

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe-Worker

## 10b. KIND OF BUSINESS OR INDUSTRY

Crown Shoe Co.

## 11. BIRTHPLACE (City and state or country)

Nelsonville, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles E. Anderson

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Eger

## 14. NAME OF HUSBAND OR WIFE

Delores Anderson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Delores Anderson, R #1,

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured Cervical Vertebrae

## INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Laceration cervical spinal cordimmediate

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

This car was struck by another car, he20c. TIME OF INJURY  
Hour 7:30 Month, Day, Year 9 7 62  
a.m. p.m.was thrown out upon pavement.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 168

## 20f. CITY, TOWN, OR LOCATION

Palmyra

## COUNTY

Marion

## STATE

Mo

## 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_

Death occurred at 7:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Henry H. Sweet Jr.

## 22b. ADDRESS

14 Hannibal

## 22c. DATE SIGNED

Mo

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 10, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Providence Cemetery

## 23d. LOCATION (City, town, or county)

Marion Co., Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

H.M.O'Donnell, Hannibal, Mo.

## 25. DATE RECD. BY LOCAL REG.

Sept. 14, 1962

## 26. REGISTRAR'S SIGNATURE

Dr. E.M. Lucke by Lillian M. Norman

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit received 9/14/62*